



#11
4-303
Schmonsees

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 021398-000110US
In re Application of Jacob Bar-Tana		
Application Number 09/915,412	Filed July 25, 2001	
For CARBOXYLIC ACIDS AND DERIVATIVES THEREOF AND PHARMACEUTICAL COMPOSITION CONTAINING THEM		
Group Art Unit 1623	Examiner Everett NMN White	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1))
- ☐ Two months (37 CFR 1.17(a)(2))
- ☒ Three months (37 CFR 1.17(a)(3))
- ☐ Four months (37 CFR 1.17(a)(4))
- ☐ Five months (37 CFR 1.17(a)(5))

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- ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 465 .
 - ☐ A check in the amount of the fee is enclosed.
 - ☐ Payment by credit card. Form PTO-2038 is attached.
 - ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
 - ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.
- I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

March 17, 2003

Date

Signature

William Schmonsees, Reg. No. 31,796

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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